



CG-AM/SP LICENSE AMENDMENT REQUEST(S) AND SPECIAL PERMISSION
State Form 52682 (R3 / 09-06)
INDIANA GAMING COMMISSION

INSTRUCTIONS: Amendments to a Single Event must be requested **45 days before** the date of event.
Amendments to an Annual Bingo or Annual Pull Tab must be requested **45 days before** the next scheduled event date.

- Section 1: Information
- Section 2: Amendment(s) to Operators and Workers
- Section 3: Amendment(s) to Event Location, Dates and Playing Times
- Section 4: Special Permission Request(s)

SECTION 1 Information - **Must be completed. Please submit this first page along with all sections you have completed.**

Organization Name: _____	Officer making request: _____
Organization Address: _____	_____
City, State, Zip: _____	Contact Phone #: _____
Organization Daytime Phone #: _____	_____
License Type you’re amending: _____	License #: _____

- 1) The information requirements on amendment request(s) is the same as that which is requested on the original application. Be sure all information is included. Requests can be faxed to (317) 232-0117 or mailed to Indiana Gaming Commission, Charity Gaming Division, 115 W. Washington St., Suite 950, Indianapolis, Indiana 46204.
- 2) No individual can be an operator on two (2) different organizations licenses.
 - a. If an individual is on one organizations license already, they first must be removed from that license (by that individual or by that organizations request in writing) & then that same person must wait one calendar month from that official change before they can be added on to your license.
- 3) When the original application is signed, it requires the signature of two officers (not an operator or worker); therefore, any amendments or requests on or to that same license must also be signed by two (2) Officers.
 - a. These officers must be on the most recent “Current Officer Listing” (COF) we have on file. If the current officers have changed, especially after the original license was issued, please submit an updated COF with this request.
 - b. If you wish for us to accept requests from your CPA or Attorney on your behalf, please submit a current Power of Attorney form with this request.
- 4) If the event facility address has changed, a copy of the new signed lease or donation statement showing the new address must be included with the request. In the case of a new facility being purchased, a copy of the signed purchase agreement must be included.
- 5) Please type or write information legibly and be sure all completed pages have two (2) officer’s signatures with titles and are dated.
- 6) You may submit your request(s) on organization letterhead, as long as all required information requested is included and/or attached to your request.

SECTION 2

OPERATOR & WORKER INFORMATION

Attach additional copies if needed.

Amendments should be requested **45 days before** the date of event.

Reminders: * *Non-member* bartenders can not participate in any single event. They can only be added to an Annual Pull Tab or Bingo license to sell Pull Tab, Tip Board and Punch Boards behind the bar.
* Operators must have been a member of the organization for 1 full year & workers must have been a member for at least 30 days.

List below: **OPERATORS to be ADDED** to License: License # _____

Driver's License or State I.D.	Name	Address	Date of Birth mm / dd / yy	Daytime phone (with area code)	Member ? Yes or No	Tot. Yrs as member	Bartender ? Yes or No
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

List below: **WORKERS to be ADDED** to Event:

Driver's License or State I.D.	Name	Address	Date of Birth mm / dd / yy	Daytime phone (with area code)	Member ? Yes or No	Tot. Yrs as member	Bartender ? Yes or No
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

Please list the **Operators and/or Workers** you wish to have **REMOVED** from your current licensed event. License # _____

- 1) _____3) _____
- 2) _____4) _____

Officer's Signature: _____Date: _____Officer's Signature: _____Date: _____

(All requests must be signed by two (2) active officers, listed on the most recent COF on file)

SECTION 3

“EVENT CHANGES” Request Form”

Amendments should be requested 45 days before the date of event.

Please answer each question below and then complete the specific changes need.

- *has the event facility address changed: yes no
- *has the event date changed: yes no
- *has the event playing time(s) changed: yes no

ADDRESS CHANGES

Previous Event Address	

* If the event facility address has changed, but is still leased or donated, a copy of the new signed lease or notarized donation statement showing the new address must accompany this request.
*If the new event facility was purchased, a copy of the signed purchase agreement must be sent.

New / Current Event Address	

DATE &/OR TIME CHANGES	
Single Event Date & Time Changes	
Change Event Date FROM: (old date)	
Change Event Date TO: (new date)	

Previous Event Time(s) from: Beginning Time Ending Time
New Event Time(s) to: Beginning Time Ending Time
(Please specify AM or PM - AM establishes the midnight hour and PM establishes the noon hour)

Annual Bingo License Date & Time Changes			
REMOVE /OLD: List week day &/or playing times		ADD / NEW: List week day &/or playing times	
Sun		Sun	
Mon		Mon	
Tues		Tues	
Wed		Wed	
Thur		Thur	
Fri		Fri	
Sat		Sat	

License #: Officer’s Signature: Date:

Officer’s Signature: Date:

(All requests must be signed by two (2) active officers, listed on the most recent COF)

SECTION 4

SPECIAL PERMISSION REQUEST
(PRIZE PAYOUT INCREASE)

Requests must be submitted **45 days before** the date of event.

Organization Name: _____

Based on the type of license, which increase do you wish to request: *(circle one)*

\$10,000 *(for Bingo Only)**

\$20,000 *(for Door Prize Only)*

\$25,000 *(Raffle in conjunction with a Charity Game Night or Bingo Only)*

License Type:
Event Day & Date: Week Day: _____ / Date: _____
Playing Time(s) : From: _____ M / to: _____ M Hours**
Location of Event: (full address)

** Special Permission requests must be for the same day of the week, date and location as what is approved on the current license. The playing time(s) must also be the same as approved on the current license or at least, be within the approved time(s) on license.*

*** When listing the beginning and ending playing time(s), please specify AM and/or PM.
(AM establishes the midnight hour and PM establishes the noon hour)*

License #:_____ **Officer’s** Signature: _____ Date: _____
Officer’s Signature: _____ Date: _____

(All requests must be signed by two (2) active officers, listed on the most recent COF)